

**STATE OF SOUTH DAKOTA**  
**Statement of Legal Newspaper Ownership and Circulation**

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

|   |  |   |
|---|--|---|
| 1. TITLE OF NEWSPAPER<br><b>ALCESTER UNION AND HUDSONITE</b>  |  | 2. DATE<br><b>9-29-11</b>                       |
| 3. FREQUENCY OF ISSUE<br><b>WEEKLY</b>  | 3A. NO. OF ISSUES PUBLISHED ANNUALLY<br><b>52</b>  | 3B. ANNUAL SUBSCRIPTION PRICE \$ <b>28/32</b>   |
| 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)<br><b>110 E. 1ST ST., ALCESTER, SD 57001-0227</b>  |  |   |
| 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)<br><b>110 E. 1ST ST., ALCESTER, SD 57001-0227</b>   |  |   |
| 6. FULL NAME OF PUBLISHER: <b>PAUL B. BUUM</b>  |  |   |
| 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.<br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">FULL NAME<br/><b>PAUL AND MICHELE BUUM, 210 DAKOTA ST., ALCESTER, SD</b></div> <div style="width: 45%;">COMPLETE MAILING ADDRESS<br/><b>57001</b></div> </div> |  |   |
| 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.<br><div style="text-align: right;"><b>57001</b></div> <b>STATE BANK OF ALCESTER, 190 IOWA ST., ALCESTER, SD</b>   |  |   |
| 9. EXTENT AND NATURE OF CIRCULATION   | AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS | ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE |
| A. TOTAL NO. COPIES (Net Press Run)   | <b>948</b>   | <b>900</b>                                      |
| B. PAID AND/OR REQUESTED CIRCULATION  |  |   |
| 1. Sales through dealers and carriers, street vendors and counter sales.  | <b>94</b>  | <b>78</b>                                       |
| 2. Mail Subscription (Paid and or requested)  | <b>746</b>   | <b>746</b>                                      |
| C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)   | <b>840</b>   | <b>824</b>                                      |
| D. FREE DISTRIBUTION  |  |   |
| 1. BY MAIL, CARRIER OR OTHER MEANS  | <b>36</b>  | <b>36</b>                                       |
| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES   | <b>3</b>   | <b>0</b>  |
| E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)   | <b>879</b>   | <b>860</b>                                      |
| F. COPIES NOT DISTRIBUTED   |  |   |
| 1. Office use, left over, unaccounted, spoiled after printing   | <b>53</b>  | <b>18</b>                                       |
| 2. Return from News Agents  | <b>16</b>  | <b>22</b>                                       |
| G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)  | <b>948</b>   | <b>900</b>                                      |

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public  
I swear that the statements made by me are true, correct, and complete:

  
(Signature)

OWNER  
(Title)

State of South Dakota                     )  
County of UNION                         )

(Seal)

Sworn to before me this 29<sup>th</sup> day of September, 2011  
Michele J. Buum  
Notary Public

My commission expires MY COMMISSION EXPIRES MAY 8, 2017